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TRAINING FOR VISITING NURSING

By L. L. DOCK

Visiting nursing among the poor (long called "district nursing," from the former division of the ground covered into arbitrary sections called districts) is rapidly spreading in actual form, and even more rapidly gaining a place in the interests and purposes of nurses as well as of the general public. And yet we have, so far, not arrived at any systematic special training or preparation for this work.*

Many of our superintendents of training-schools are deeply interested in it; some from personal knowledge and others without that personal knowledge. A number of training-schools are trying to interest their pupils in it, some, by sending them out into practice and others by talks and lectures.

All this is good and encouraging, but I hope we are not going to stop long in the stage we are apparently in at present, of supposing that pupil nurses can be prepared for district nursing by a short service in their third year.

If there is any one branch of nursing which should be regarded as a specialty requiring careful postgraduate study and training, it is visiting nursing among the poor. The more I see and hear of a few weeks' experience of this work in the third year the more I am convinced that it is wrong in theory and unsatisfactory in practice, conducive only to a fresh superficiality, of which we have too much already.

I would be glad to present the different points that seem to me important, and hope that in doing so I shall not seem to be criticising persons, for what I wish to do is only to draw attention to conditions.

For the first consideration, how can we logically uphold a course of district nursing for pupil nurses if we oppose undergraduate private duty?

Visiting nursing is essentially private duty. The fact that the patient is poor has nothing to do with the question. There is a private home and family with all its intricacies, a private physician (or at least one not connected with the pupil's training), and private conditions. If it is not right from the standpoint of nursing preparedness to send an undergraduate nurse to the well-to-do it is not right to send her to the poor. The one exception that it seems to me may logically

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* Since this article was written, the Training Home for district nurses has been opened in Boston.

be made to this point, is when a hospital sends its nurses to its own dispensary patients. This may be regarded as an extension of the hospital service and so as properly coming under the care of the training-school, although let it be noted, this form of hospital service may leave the nurse (so far as her special education goes) quite untaught in a vast field of socio-economic knowledge which she ought to have in order to be well equipped for effective district work. For there is often no one to instruct her on these lines. The physicians certainly do not, her superintendent usually cannot, and she can only form her own often-misleading conclusions. Besides, I think there is little doubt that in this extension of hospital work the care of the home, that important part of a district nurse's work, is often quite overlooked and the nurse becomes a satellite of the physician. I think this because I have seen pupil nurses run into their dispensary patients' homes and apply dressings, take temperatures, etc., and run out again, entirely oblivious to everything except the doctor's order. Now this is well enough as far as it goes, but it does not go far enough, from the patients' standpoint, to make that nurse a good visiting—or let us say a good private-duty nurse.

A superintendent not long ago told me a little tale which throws light on this point. She questioned the benefits of this visiting extension, and suggested abolishing it, whereon the medical chief said emphatically: "Impossible! These young men (the medical students) need a nurse at their beck and call day and night." Now this may be very nice for the students, but, truly and seriously it does not make a good nurse. I think if we follow up the reasons of superintendents for sending pupils to visiting duty, we shall find that they are in fact indictments of hospital conditions. The chief ones advanced are, that this experience broadens the nurse, makes her more sympathetic, teaches her to exercise her ingenuity, and to practice economy. It seems to me that all these are reasons, not for sending the pupil out of the hospital, but for improving conditions in the hospital.

If the pupil's character does not broaden and deepen in the hospital; if she can become unsympathetic there, then how trust her, often alone, in the poor little homes where there is so much to make allowances for? And as for practicing economy, the extravagance of our hospitals does not promise well for the care of the patient's few sheets and scant appliances.

The real question is, "What best fits the nurse to serve the patient?" The hospital is the place to train the nurse in nursing. If it teaches her extravagance, indifference to her patients as human beings, and does not broaden her character, it is not doing right by her.

Of course the ingenuity of getting along with little cannot well be taught in hospital, but it is certainly wrong if a woman is more helpless in emergencies after hospital training than she was before, and all that is part of what she must learn when she specializes.

Let the hospital rather try to give its pupils a thorough foundation in nursing and in neatness for their later special study of district nursing. Honestly, a woman is hardly fit for district nursing who does not know how to pile up dishes in an orderly way, who scratches matches on the walls, and does not wash out her bath tub.

I have read in recent articles on this subject references to English systems, yet the fact that England demands a special training for visiting nursing was quite overlooked in them.

No good English Matron would consider having her third-year nurses go through some scattery, partially supervised training in district work. The nurse there must get her full training in nursing, first, and before she is appointed as a Queen's nurse she must take her six months' training in a District Home under a superintendent.

Visiting nursing among the poor is very different to-day from what it was fifty years ago, because the whole conception of poverty has become altered and the whole attitude of approach to social questions has been revolutionized. A visiting nurse in large cities who is not intelligent on civic and social movements may often do more harm than good, or may often fail to do as much good as she otherwise could do.

My whole argument is: "Do not let us fall into the old mistake of "cramming" the nurse in her training, by trying to crowd specialties into her hardly-won three years. Let the hospital training be developed to its fullest possibilities and let the specialties wait until the nurse has had her full grounding. Then, of course, some one must build District Homes for special training.

LONG-CASE NURSING

INTRODUCTION

It occasionally happens that a nurse who is sent to a patient fits her place so well, and is so needed by one and another of the family, that her stay lengthens into weeks, months, or years. Such long cases are surely desirable to the patient and family, for it is much pleasanter for all concerned to have one person on hand to whose ways they are accustomed than a series of perhaps equally good nurses. Are they